



ANNUAL LOCK-OUT / TAG-OUT OF ENERGY SOURCES AP REVIEW

(please print)

Date: _____

Authorized Employee: _____ Employee # _____

Supervisor/Manager performing review: _____ Employee # _____

Review of lock-out tag-out AP completed

Lockout demonstration completed

Equipment checked and accounted for

Employee has all necessary equipment

Any additional comments/ information:

Authorized Employee Signature

Date

Supervisor / Manager Signature

Date

cc. Authorized Employee
Employee Personnel File